

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90005 044 ***150.00

DOCUMENT # P93000020561

1. Entity Name

BROKEN CANE, INC.

Principal Place of Business

**2043 46TH ST SW
 NAPLES FL 33999
 US**

Mailing Address

**2043 46TH ST SW
 NAPLES FL 33999
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0392048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NAPIER, RONALD L
 1570 SHADOWLAWN DRIVE
 NAPLES FL 33942**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **DPT**
 STREET ADDRESS **DEPPEN, DEANNA**
 CITY-ST-ZIP **2043 46TH ST SW
 NAPLES FL**

TITLE ☐ Delete
 NAME **DSV**
 STREET ADDRESS **DEPPEN, DEANNA**
 CITY-ST-ZIP **2043 46TH ST SW
 NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/01

941-352-9177

Date

Daytime Phone #

CR2E034 (5/01)



Attachment
#P93000020520
A0081307

August 11, 2001

Ref: Corporation Dues and Annual Report

To Whom It May Concern:

I never received the first mailing of the Annual Report for this year. Upon realizing that it had not been received, I unsuccessfully tried to download the appropriate information from your website.

After failing in that attempt, I contacted your office and was sent a computer form that wasn't the Annual Report (see enclosed). This was not received until late in June.

↳ blank copy sent

I do not feel that I owe the late fees, nor can I afford to pay them. When contacted for the information, a lady in your office advised me that the late penalties would be waived as the original report was not mailed to me.

- Please find enclosed a check for the \$150 that would have been paid in a timely manner, had the appropriate forms been mailed. I believe my history speaks for itself, as I have never missed filing in a timely manner.

Your understanding and assistance in this matter are greatly appreciated.

Kindest regards,

Deanna L. Deppen, MS, ATC/L, EMT